Michigan Department of Health and Human Services
Application for Funding of Free Clinics Fiscal Year 2022

Application must be emailed to MDHHS on or before 11/30/2021
Anyone needing assistance completing this form can contact Juliette Rousseau at
rousseauj@michigan.gov

Applicant Information:

1. Name of Free Clinic Organization:

2. Mailing Address:	3. Clinic Address (if different):

4. County Where Clinic is Located:	

5. Contact Name and Title:

6. Phone Number:	7. FAX Number:	8. E-mail Address:

9. Preferred Method(s) of Contact:		
Phone ☐	FAX ☐	E-mail ☐

10. Web Site Address (If Applicable):

11. Federal Tax Identification Number:	12. SIGMA Vendor ID Number	13. First Year of Clinic Operation:
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14. Sponsoring Organization (If Applicable):

15. Hospital or Health System Affiliation (If Applicable):

Required Application Questions:

16. Approximately how many volunteer hours per week (on average) are donated to the clinic in total?

17. Approximately how many volunteer hours per week (on average) are donated to the clinic in providing health care services?

18. Does a majority of clinic care come from volunteer health care professionals?
Yes ☐   No* ☐

Applicants that do not provide a majority of clinic care through volunteer health care professionals will not be eligible for this funding allocation.

19. Are some primary health care services provided by the clinic free of charge?
Yes ☐   No* ☐

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Applicants that do not provide primary health care services free of charge will not be eligible for this funding allocation.

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20. Are fees collected from clients for any clinic services?

Yes* ☐   No ☐

*If yes, please explain below (include a copy of fees and waiver/hardship policies if applicable):

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21. Do you require that clients lack insurance coverage for services received at the clinic?

Yes ☐   No* ☐

*If no, what percent of clients receiving services do not have insurance? _____ %

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22. On average, how many patients without insurance visit the clinic each month?

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23. Select all services offered by the free clinic from the following list:

☐ Urgent Care
☐ Ongoing Primary Care
☐ Minor Emergency Services
☐ X-Ray
☐ Lab Testing
☐ Mental Health Counseling
☐ Prescription Assistance
☐ Glucometer Strips
☐ Employment Physicals

☐ Dental Care
☐ Assistance Applying for Medicaid and/or Other Insurances and Assistance
☐ Health Education Classes (e.g., for diabetes)
☐ Specialty Clinics (specify types of specialties in the space below)
☐ Other Diagnostic Testing (specify types of testing in the space below)
☐ Other services (specify in the space below)

Notes on the information above:

Required Budget Information:

All applicants must submit a line-item budget including the clinic's revenue sources and the clinic's operating expenses for the past year. If your organization prepares formal budgets for a defined fiscal year, or by calendar year, you may submit that budget for the most recent completed fiscal year. Note that the clinic must be open and accepting patients by the date of application submission.

Revenue Summary Questions:

24. What percentage of the clinic's revenue comes from third party or patient billing? _____ %

25. What percentage of the clinic's revenue comes from Medicaid? _____ %

26. What percentage of the clinic's revenue comes from Medicare? _____ %

Required Spending Plan:

Funds awarded through this grant **must** be used to cover clinic expenses incurred during the period from **January 1, 2022 through September 30, 2022**. All applicants must submit a spending plan detailing the expenses to be covered by MDHHS funds received during that

period. Although actual awards will vary in amount based on the number of eligible applicants, for the purpose of this application, please base your spending plan on a grant award of $10,000.

27. Listed below are suggested, appropriate uses of MDHHS grant funds. Please select each category in which your organization plans to spend the available funds.

Clinical Care Expenses:
- ☐ Prescription Assistance Programs
- ☐ Adding Additional Service Hours
- ☐ Adding Additional Service Types
- ☐ Salaries for Clinical Staff

Medical Equipment and Supplies:
- ☐ Durable Medical Supplies
- ☐ Medical Supplies and Testing Materials

Health Promotion Programs:
- ☐ Establishing/Expanding a Health Promotion Program (Smoking Cessation, Nutrition, Exercise, etc.)

Facilities:
- ☐ Costs of Existing Facilities (e.g., Rent)
- ☐ Renovation/New Construction

Administrative Expenses:
- ☐ Office Equipment
- ☐ Administrative Services
- ☐ Salaries for Administrative Staff

Outreach and Referral:
- ☐ Outreach and Referral Programs

Medicaid Administrative Related Activities:
- ☐ Intake and Screening
- ☐ Application Assistance
- ☐ Finding a Provider
- ☐ Medicaid Denial Letters
- ☐ Salaries for Medicaid Administrative Staff

Other Suggested:
- ☐ Free Clinics of Michigan Support or Projects

Additional Notes:

Optional Questions:

Information requested in the four questions listed below **will not be used to determine eligibility for this program**, however aggregate data from these responses will be incorporated into the final program report.

1. Estimate the number of unique (non-repeat) patients seen on an annual basis:

2. Among the population counted in optional question 1, estimate the percentage of clinic patients in each of the following demographic categories:

a. Income Below 200% of the Federal Poverty Level: %	f. 65 Years of Age or Older: %
b. Employed full time: %	g. African American: %
c. Employed part time: %	h. White: %
d. Age 0-18 Years: %	i. Other/Multi-Racial: %
e. Age 19-64 Years: %	j. Hispanic: %

3. Does your clinic provide prescription assistance?

Yes* ☐   No ☐

*If yes, how many clients are served through prescription assistance per year?

*If yes, what is the average number of prescriptions per client served?

4. Does your clinic utilize an electronic registration system?

Yes* ☐   No ☐

*If yes, please provide a brief description of the system below:

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Important Information for Grantees: Electronic Funds Transfer

All clinics participating in the MDHHS Free Clinic Funding Program must be registered for electronic funds transfer (EFT) in Michigan's SIGMA Vendor Self Service (VSS) system. This system allows payments to be electronically deposited into your entity or agency's account. ***No payments will be made until the applicant has successfully registered for EFT in the SIGMA system.***

For new users:
1. Please visit https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService.
2. Click on "SOM VSS User Guide for New Vendors" on the welcome page, and follow the instructions

For existing users (or users previously registered in the MAIN system):
1. Please visit https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService
2. Click on "SOM VSS User Guide for Existing Vendors" on the welcome page, and follow the instructions
3. Log into the system to ensure information is complete, accurate and up to date.

Please note: Clinic information in the application must match the information entered in the SIGMA System

Helpful resources:
1. SIGMA VSS general information and tips: http://www.michigan.gov/budget/0,4538,7-157-79033_79034---,00.html
2. Additional support for SIGMA VSS is available by contacting the Vendor Support Call Center at (888)734-9749 or via email at SIGMA-Vendor@Michigan.gov

Required Signature from Authorized Organizational Representative

Your signature below certifies the following:
- The information provided in this application and in all attachments is accurate and complete to the best of your knowledge.
- Your free clinic organization meets the following eligibility requirements:
  o The clinic is located within Michigan and provides health care services to the uninsured population of Michigan.
  o The clinic or the organization under which it operates has 501(c)(3) or other nonprofit status.
  o The majority of free services provided are primary care services.
  o The majority of clinic care comes from volunteer health care professionals.
  o Services provided by the clinic are free of charge.
  o Clients served do not have insurance for the services provided.
- Submission of this application indicates your free clinic organization is prepared to accept an award and will complete all necessary steps in order to ensure receipt of award, if chosen as a successful applicant.

Signature:	Date:
Printed Name:	
Title of Signee:	

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Application Checklist
In addition to the signed and completed application form, all applicants must submit the items listed below for the application to be considered complete. Use this checklist to ensure you have included all the required elements.
☐ Completed and signed application form
☐ Proof of 501(c)(3) or other nonprofit status
☐ Clinic mission statement
☐ Line-item budget detailing revenue and expenditures for the past year of operation
☐ Spending plan for MDHHS funds (1-1-2021 through 9-30-2021) based on an award of $10,000
☐ Register for EFT in MDHHS SIGMA VSS System

Submit completed applications via e-mail to:
    rousseauj@michigan.gov

Completed applications must be sent on or before November 30, 2021.
If you have any questions on this process, please contact Juliette Rousseau by e-mail at rousseauj@michigan.gov.

Please note: Contact information submitted through this application process may be shared with other grant making institutions. If you have questions or concerns, contact Juliette Rousseau.